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24129 7590 03/11/2004

NAVAIRWD COUNSEL GROUP
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DAVID S. KALMBAUGH	(Depositor's name)
<i>David S. Kalmbaugh</i>	(Signature)
MARCH 17, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/621,034	07/17/2003	James Albert Wilkinson	84,856	1187

TITLE OF INVENTION: TARGET DESIGNATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GREGORY, BERNARR E	3662	342-062000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DAVID S. KALMBAUGH
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The United States of America
 as represented by the
 Secretary of the Navy

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Washington, DC

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies

6

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(Authorized Signature) *David S. Kalmbaugh* (Date)

DAVID S. KALMBAUGH, Reg No. 29,234 March 17, 2004

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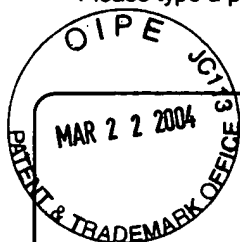
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/621,034
Filing Date	07/17/2003
First Named Inventor	WILKINSON, James
Art Unit	3662
Examiner Name	GREGORY, Bernarr E
Total Number of Pages in This Submission	3
Attorney Docket Number	84856

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(Please identify below)</i> Fee Transmittal Form Post Card Receipt
Remarks		

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Firm or Individual Name	David S. Kalmbaugh	29,234	RECEIVED MAR 26 2004 OIPE/JCWS
Signature			
Date	17 Mar 2004		

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Typed or Printed Name	David S. Kalmbaugh		
Signature		Date	17 Mar 2004

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